



2012 DoD/VA Suicide Prevention Conference

Breakout Session: Marine Corps Suicide Prevention Program

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“Keeping Faith”



Suicide Prevention in the Corps

Vision

A strong and ready Corps in which *no Marine is left behind*.

Mission

Suicide is prevented through *leadership*. Leaders foster *total Marine fitness* of mind, body, and spirit, and leaders create a command climate in which Marines will *engage helping services early*, when problems are most manageable.

Strategy

Promote understanding and prevention of the factors, signs, climate, and processes leading up to suicide ideation, attempt, and death; while simultaneously identifying and enhancing preventive factors. *Develop* in all Marines the *skills* needed to *recognize* suicide warning signs, *ask* about suicide, *care* through listening and support, and *escort* to help Marines who show risk for suicide.

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What and How of Suicide

- Suicide is preventable
- All Marines are at risk
- Most common associated factors:
 - Access to firearms
 - Relationship problems
 - Legal/Occupational problems
 - Behavioral health diagnosis
 - Financial problems
 - Substance abuse
- Civilian risk factors:
 - History of childhood abuse / hardship
 - Family mental health history/suicide history

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Marine Total Fitness

Suicide Risk Factor	Total Fitness Area
	Spirit
Isolation	Feeling a part of something larger than oneself
Purposelessness	Sense of purpose and meaning
	Mind
Behavioral Health Diagnosis	Recognize and address symptoms when small
Poor / limited coping skills	Adequate coping (stress, anger, communication)
Relationship loss	Healthy relationships
Hopelessness	Hopefulness about self, others, and future

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Marine Total Fitness

Suicide Risk Factor	Total Fitness Area
	Body
Behavioral Health Symptoms	Good diet and exercise as effective in short term as medication / psychotherapy
Injury / Major Illness	Physically fit are resilient to injury / disease
	Social
Isolation and Rejection	Sense of belonging; healthy relationships
Poor self esteem	Volunteerism
Lack of awareness	Caring and watchful community
Feeling nobody cares	Focused and engaged leadership / unit cohesion

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What Works

- Restricted access to lethal means of suicide
- Caring and support from environment (even perceived)
- Aggressive case management of depression
- What might work
 - Suicide Prevention Skills in every community member
 - OSCAR training
 - Engaged and focused leadership
 - Unit cohesion
 - Coordinated human factors awareness

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What Doesn't Work

- Ineffective Suicide Prevention Awareness Training
 - Delivered by non-Marines
 - Slide show to large audiences
- Culture of Perfection
- Discouraging help-seeking
 - Break confidentiality
 - Public humiliation
 - Punishment through assignment to inappropriate duties
- No command involvement in care, re-integration and maintenance
- Silence about subject
- Single-stressor view of suicide

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Never Leave a Marine Behind

- Developed and delivered by Marines
- Four Modules appropriate to career stage

	Personal Fitness and Resilience	Peer Intervention Skills	Frontline Supervisor Intervention	Command Climate Management
1. Jr. Marine	X	X		
2. NCO	X	X	X	
3. SNCO	X	X	X	X
4. Officer	X	X	X	X

- Must be executed properly
- R.A.C.E.
- Refresh videos and content

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Program Challenges

- Lack of controlled research
- Support to the field
- Insufficient anti-stigma campaign
- Poor integration of medical, religious ministries, and installation Marine and Family Programs
- Poor integration of families and civilians
- Belief that MEPS can prevent active duty suicide
- Insufficient attention to Marines with threatened sense of belonging / threatened relationships
- Poor data collection

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Summary

- Sufficient helping resources exist
- Advertising resources is easy
- Challenge remains convincing Marines:
 - Helping resources work
 - It's **safer** to go for help that you think
- “No wrong door”
 - Some resources appear redundant but are not (individual differences in customers)
 - Every resource should have outstanding referral capability to all others
- Active case management is necessary to treat depression

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UNITED STATES MARINE CORPS



*“We will keep faith with our Marines,
our Sailors, and our families.”*

General J. F. Amos

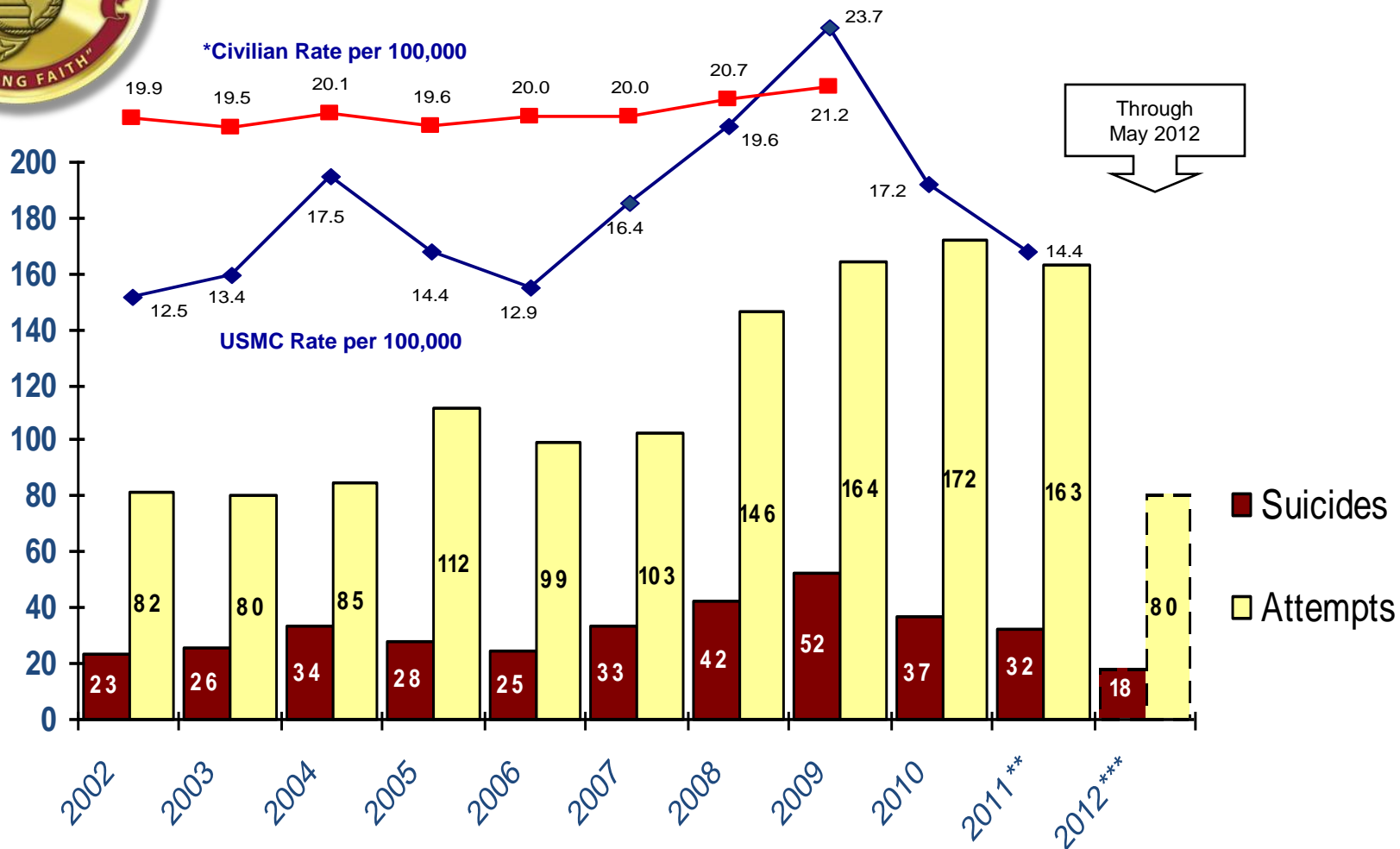
35th Commandant of the Marine Corps

Marine and Family Programs Division





USMC Suicides and Attempts



* Last available civilian suicide rate information from the Centers for Disease Control and Prevention. Rate adjusted for Marine demographics.

** Includes 1 suspected suicide that has yet to be confirmed by the Armed Forces Medical Examiner.

*** Includes 8 suspected suicides that have yet to be confirmed by the Armed Forces Medical Examiner.

Source: HQMC (MFC-5) 1 June 2012

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